ATLANTIC HIGH SCHOOL CHECK-OUT NOTE



FAX: 386-506-0001

Please release my son/daughter,	from school on
, 20 at	a.m./p.m. My student's alpha
code is He/she will be leaving campus by	
My name is	and I am their
mother/father/guardian. I can be reached at	(work #), or at
(home / cell #).	
My student is leaving because My student will / will not be returning to school.	·
Parent/guardian signature:	

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